



DT06R PCT/PTO 06 AUG 2002

Atty. Dkt. No. 026032-3851

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hake et al.

Title: SEAT BACK FOR A VEHICLE
SEAT COMPRISING AN
INTEGRATED PROTECTIVE
DEVICE

Appl. No.: 10/049,698

Filing Date: 02/15/2002

Examiner: Unknown

Art Unit: Unknown

| | |
|--|--|
| <u>CERTIFICATE OF MAILING</u> | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. | |
| <u>Kristine Lancellle</u> (Printed Name) | |
| <u>Kristine Lancellle</u> (Signature) | |
| 8/1/02 (Date of Deposit) | |

AMENDMENT TRANSMITTALCommissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

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GROUP 3600

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Preliminary Amendment;
- Information Disclosure Statement;
- Substitute Specification and Abstract;
- Red-lined version of Substitute Specification and Abstract;
- The fee required for additional claims is calculated below:

| Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Additional Claims Fee |
|--|------------------------|----------------------------|-------------|--------------------------|
| Total Claims: 22 | - 22 | = 0 | x \$18.00 = | \$0.00 |
| Independents: 1 | - 3 | = 0 | x \$84.00 = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + \$280.00 = \$0.00 |
| CLAIMS FEE TOTAL: | | | | = \$0.00 |

- Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | | |
|--------------------------|---|------------|--------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the second month: | \$400.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the third month: | \$920.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,440.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$1,960.00 | \$0.00 |
| | EXTENSION FEE TOTAL: | | \$0.00 |
| | CLAIMS AND EXTENSION FEE TOTAL: | | \$0.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| | TOTAL FEE: | | \$0.00 |

- Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$0.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/1/02

By 

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777 East Wisconsin Avenue
Milwaukee, WI 53202
Telephone: (414) 297-5897
Facsimile: (414) 297-4900

Jeffrey S. Gundersen
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